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BEYER WEAVER & THOMAS, LLP

INTELLECTUAL PROPERTY LAW

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FACSIMILE COVER SHEET

May 15, 2006

Receiver: U.S. Patent and Trademark Office

TEL #:

FAX #: (571) 273-8300

Sender: Susan W. Xu for Justin A. White

Our Ref. No.: IGT1P114X1

Re: Application No. 10/672,307

Pages Including Cover Sheet(s): 19

MESSAGE:

Please file the attached Amendment A Transmittal, Response to Office Action of February 15, 2006 and Terminal Disclaimer for the above-referenced application

CONFIDENTIALITY NOTE

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(etc received 18p. missing p 19 -)

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P. 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: NGUYEN, et al.

Attorney Docket No.:
IGT1P114X1/P-305 CIP

Application No.: 10/672,307

Examiner: Matthew D. Hoel

Filed: September 26, 2003.

Group: 3713

Title: PERSONAL GAMING DEVICE AND
METHOD OF PRESENTING A GAME

Confirmation No.: 4455

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 of the U.S. Patent and Trademark Office on May 15, 2006.

Signed: _____

Susan W. Xu

AMENDMENT A TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

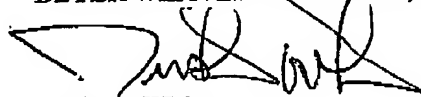
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	29	MINUS	29	00	x 25 =	x 50 = 00
Independent Claims	03	MINUS	03	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	00

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. IGT1P114X1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP



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